

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/680,228

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1	1		1	
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1		2		2
18		1		2		
19		1		2		
20		1		2		
21		1		2		
22		1		2		
23		1		2		
24		1		2		
25		1		2		
26		1		2		
27		1		2		
28		1		2		
29		1		1		
30		1		1		
31	1	2		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		2		
43		1		2		
44		1		2		
45		1		2		
46		1		2		
47		1		2		
48		1		2		
49		1		2		
50		1		1		
TOTAL IND.	3		9			
TOTAL DEP.	78		97			
TOTAL CLAIMS	81		106			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		2		
55		1		2		
56		1		2		
57		1		2		
58		1		2		
59		1		2		
60		1		2		
61		1		2		
62		1		2		
63		1		2		
64		1		2		
65		1		1		
66		1		1		
67	1	1	1	1		
68		1		1		
69		1		1		
70		1		1		
71		1		1		
72		1		1		
73		1		1		
74		1		1		
75		1		1		
76		1		1		
77		1		1		
78		1		1		
79		1		1		
80		1		1		
81		1		1		
82			1			
83			1			
84			1			
85			1			
86			1			
87			1			
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						